

**DECLARATION AND POWER  
OF ATTORNEY FOR UTILITY  
OR DESIGN**

**PATENT APPLICATION**

☐ Declaration      ☒ Declaration  
Submitted with      Submitted after Initial  
Initial Filing      Filing (surcharge  
37 CFR 1.16(e) required)

Attorney Docket No. PRK-002

First Named Inventor Doctor

**COMPLETE IF KNOWN**

Application Serial Number 09/833,089

Filing Date April 10, 2001

Group Art Unit 2163

Examiner Name Not yet assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Health Care Payment Compliance Management

*(Title of the Invention)*

the specification of which

☐ is attached hereto  
OR

☒ was filed on 04/10/2001 as United States Application Serial Number or PCT International  
(MM/DD/YYYY)

Application Number 09/833,089 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

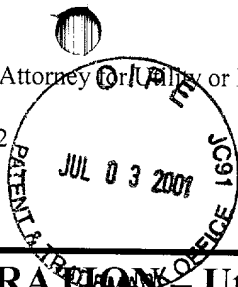
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.
60/196,050	04/10/2000	



## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

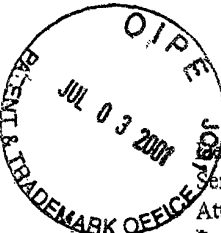
Place Customer  
Number Bar Code  
Label Here

Name	Registration Number	Name	Registration Number
Michael J. Bastian	47,411	Kurt W. Lockwood	40,704
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
Elias C. Behrakis	47,416	Joseph B. Milstein	42,897
John V. Bianco	36,748	David G. Miranda	42,898
Isabelle A.S. Blundell	43,321	Ronda P. Moore	44,244
Maureen A. Bresnahan	44,559	Indranil Mukerji	P-46,944
Michael H. Brodowski	41,640	Edmund R. Pitcher	27,829
Jennifer A. Camacho	43,526	Michael A. Rodriguez	41,274
Joseph A. Capraro, Jr.	36,471	Jamie H. Rose	45,054
John J. Cotter	38,116	R. Stephen Rosenholm	45,283
John V. Forcier	42,545	Christopher W. Stamos	35,370
Steven J. Frank	33,497	Diana M. Steel	43,153
Kia L. Freeman	47,577	Joseph P. Sullivan	45,349
Brian M. Gaff	44,691	Robert J. Tosti	35,393
Michael J. Giannetta	42,574	Thomas A. Turano	35,722
Duncan A. Greenhalgh	38,678	Christine C. Vito	39,061
William G. Guerin	41,047	Patrick R.H. Waller	41,418
Jonathan A. Harris	44,744	Daniel A. Wilson	45,508
Ira V. Heffan	41,059	Gerald E. Worth	45,238
Danielle L. Herritt	43,670	Yin P. Zhang	44,372
Douglas J. Kline	35,574		
John D. Lanza	40,060		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100



Declaration and Power of Attorney for Utility or Design Patent Application  
Serial No.  
Atty. Docket No. PRK-002  
Page 3 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))					Family Name or Surname				
Jonathan					Doctor				
Inventor's Signature						Date		5/29/01	
Residence	City	Los Angeles	State	CA	Country	USA	Citizenship	USA	
Mailing Address		11228 Cashmere Street							
Mailing Address (ln. 2)	City	Los Angeles	State	CA	ZIP	90049	Country	USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.									
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))					Family Name or Surname				
Zima					Hartz				
Inventor's Signature						Date		5/29/01	
Residence	City	Woodland Hills	State	CA	Country	USA	Citizenship	USA	
Mailing Address		4819 Dunman Avenue							
Mailing Address (ln. 2)	City	Woodland Hills	State	CA	ZIP	91364	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Mailing Address									
Mailing Address (ln. 2)	City		State		ZIP		Country		

JUL 03 2001

PARKSTONE

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c))-- SMALL BUSINESS CONCERN**Attorney Docket No. **PKR-002**

Applicant, Patentee, or Identifier: **Doctor; Hartz**  
Application or Patent No.: **09/833,089**  
Filed or Issued: **April 10, 2001**  
Title: **Healthcare Payment Compliance Management**

I hereby state that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: Parkstone Medical Information Systems, Inc.ADDRESS OF SMALL BUSINESS CONCERN: Weston Professional Center, 2400 North Commerce Parkway, Suite 300, Weston, Florida 33326

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 37 CFR 1.9(d) and 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.  
☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

NAME OF PERSON SIGNING Peter H. HarrisTITLE OF PERSON IF OTHER THAN OWNER Senior VP and General CounselADDRESS OF PERSON SIGNING Weston Professional Center, 2400 North Commerce Parkway, Suite 300, Weston, Florida 33326SIGNATURE 

DATE

6/28/01